## PART B - FEE(S) TRANSMITTAL

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| INSTRUCTIONS: This appropriate. All further indicated unless correct maintenance fee notifications.                                                                                                                                                                                                                          | correspondence including<br>ed below or directed of                                                     | for transmitting the IS ng the Patent, advance herwise in Block 1, by                                                                                                                 | (a) specifying a new co                                                                                                                                                                                                                                                                                                                                | of maintenance fees or<br>orrespondence address                             | will be<br>; and/or          | mailed to the current<br>r (b) indicating a sep                              | should be completed where<br>correspondence address as<br>arate "FEE ADDRESS" for        |
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| CURRENT CORRESPOND                                                                                                                                                                                                                                                                                                           | ENCE ADDRESS (Note: Use B                                                                               | lock I for any change of addres                                                                                                                                                       | •                                                                                                                                                                                                                                                                                                                                                      | Fee(s) Transmittal. Th                                                      | iis certii<br>al paper       | ficate cannot be used<br>, such as an assignme                               | or domestic mailings of the<br>for any other accompanying<br>ent or formal drawing, must |
| 22852                                                                                                                                                                                                                                                                                                                        | 7590 05/08                                                                                              | 3/2009                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                        |                                                                             |                              | •                                                                            | ·····lanta u                                                                             |
| LLP<br>901 NEW YOR                                                                                                                                                                                                                                                                                                           | HENDERSON, FA<br>K AVENUE, NW<br>N, DC 20001-4413                                                       | RETT & DUNNE                                                                                                                                                                          | Certificate of Mailing or Transmission  Phereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below. |                                                                             |                              |                                                                              |                                                                                          |
| WASHINGTOR                                                                                                                                                                                                                                                                                                                   | N, DC 20001-4413                                                                                        |                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                        |                                                                             |                              |                                                                              | (Depositor's name)                                                                       |
|                                                                                                                                                                                                                                                                                                                              |                                                                                                         |                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                        |                                                                             |                              |                                                                              | (Signature)                                                                              |
|                                                                                                                                                                                                                                                                                                                              |                                                                                                         |                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                        |                                                                             |                              |                                                                              | (Date)                                                                                   |
| APPLICATION NO. FILING DATE                                                                                                                                                                                                                                                                                                  |                                                                                                         |                                                                                                                                                                                       | FIRST NAMED INVENTOR                                                                                                                                                                                                                                                                                                                                   |                                                                             | ATTORNEY DOCKET NO. CO       |                                                                              | CONFIRMATION NO.                                                                         |
| 10/705,835 11/13/2003                                                                                                                                                                                                                                                                                                        |                                                                                                         |                                                                                                                                                                                       | Toshikazu Morisawa 04329.3176 7845                                                                                                                                                                                                                                                                                                                     |                                                                             |                              |                                                                              |                                                                                          |
| TITLE OF INVENTION: ELECTRONIC APPARATUS AND METHOD OF SETTING AN OPERATION MODE OF THE SAME                                                                                                                                                                                                                                 |                                                                                                         |                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                        |                                                                             |                              |                                                                              |                                                                                          |
|                                                                                                                                                                                                                                                                                                                              |                                                                                                         |                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                        |                                                                             |                              |                                                                              |                                                                                          |
|                                                                                                                                                                                                                                                                                                                              |                                                                                                         |                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                        |                                                                             |                              |                                                                              |                                                                                          |
| APPLN. TYPE                                                                                                                                                                                                                                                                                                                  | SMALL ENTITY                                                                                            | ISSUE FEE DUE                                                                                                                                                                         | PUBLICATION FEE D                                                                                                                                                                                                                                                                                                                                      | UE PREV. PAID ISSU                                                          | E FEE                        | TOTAL FEE(S) DUE                                                             | DATE DUE                                                                                 |
| nonprovisional                                                                                                                                                                                                                                                                                                               | NO                                                                                                      | \$1510                                                                                                                                                                                | \$300                                                                                                                                                                                                                                                                                                                                                  | \$0                                                                         |                              | \$1810                                                                       | 08/10/2009                                                                               |
| EXAMINER                                                                                                                                                                                                                                                                                                                     |                                                                                                         | ART UNIT                                                                                                                                                                              | CLASS-SUBCLASS                                                                                                                                                                                                                                                                                                                                         | 7                                                                           |                              |                                                                              |                                                                                          |
| CONNOLLY, MARK A                                                                                                                                                                                                                                                                                                             |                                                                                                         | 2115                                                                                                                                                                                  | 713-323000                                                                                                                                                                                                                                                                                                                                             |                                                                             |                              |                                                                              |                                                                                          |
| CFR 1.363).  Change of corresp Address form PTO/S.                                                                                                                                                                                                                                                                           | ence address or indication<br>condence address (or Cha<br>B/122) attached.<br>lication (or "Fee Address | (1) the names of up to 3 registered patent attorneys 1 Finnegan, Henderson,                                                                                                           |                                                                                                                                                                                                                                                                                                                                                        |                                                                             |                              |                                                                              |                                                                                          |
| PTO/SB/47; Rev 03-0<br>Number is required.                                                                                                                                                                                                                                                                                   | 02 or more recent) attach                                                                               | 2 registered patent attorneys or agents. If no name is listed, no name will be printed.  3 Dunner, L.L.P.                                                                             |                                                                                                                                                                                                                                                                                                                                                        |                                                                             |                              |                                                                              |                                                                                          |
| 3. ASSIGNEE NAME A                                                                                                                                                                                                                                                                                                           | ND RESIDENCE DATA                                                                                       | A TO BE PRINTED ON                                                                                                                                                                    | THE PATENT (print o                                                                                                                                                                                                                                                                                                                                    | r type)                                                                     |                              |                                                                              |                                                                                          |
| PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.                                          |                                                                                                         |                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                        |                                                                             |                              |                                                                              |                                                                                          |
| (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)                                                                                                                                                                                                                                                              |                                                                                                         |                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                        |                                                                             |                              |                                                                              |                                                                                          |
| Kabushiki Kaisha Toshiba Tokyo, Japan                                                                                                                                                                                                                                                                                        |                                                                                                         |                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                        |                                                                             |                              |                                                                              |                                                                                          |
| Please check the appropriate assignee category or categories (will not be printed on the patent):                                                                                                                                                                                                                            |                                                                                                         |                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                        |                                                                             |                              |                                                                              |                                                                                          |
| 4a. The following fee(s)                                                                                                                                                                                                                                                                                                     | are submitted:                                                                                          |                                                                                                                                                                                       | 4b. Payment of Fee(s): (                                                                                                                                                                                                                                                                                                                               | Please first reapply a                                                      | ny nrev                      | iously paid issue fee                                                        | shown above)                                                                             |
| Issuc Fcc                                                                                                                                                                                                                                                                                                                    |                                                                                                         |                                                                                                                                                                                       | A check is enclosed.                                                                                                                                                                                                                                                                                                                                   |                                                                             |                              |                                                                              |                                                                                          |
|                                                                                                                                                                                                                                                                                                                              | No small entity discount p                                                                              | Payment by credit card. Form PTO-2038 is attached.                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                        |                                                                             |                              |                                                                              |                                                                                          |
| Advance Order -                                                                                                                                                                                                                                                                                                              | # of Copics2                                                                                            | ☑ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 06-0916 (enclose an extra copy of this form). |                                                                                                                                                                                                                                                                                                                                                        |                                                                             |                              |                                                                              |                                                                                          |
|                                                                                                                                                                                                                                                                                                                              | tus (from status indicate                                                                               |                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                        |                                                                             |                              |                                                                              |                                                                                          |
| a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).  NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignce or other party in |                                                                                                         |                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                        |                                                                             |                              |                                                                              |                                                                                          |
| NOTE: The Issue Fee an interest as shown by the                                                                                                                                                                                                                                                                              | records of the United Sta                                                                               | uired) will not be accept<br>ites Patent and Tradema                                                                                                                                  | ted from anyone other the<br>rk Office.                                                                                                                                                                                                                                                                                                                | an the applicant; a regi                                                    | stered a                     | attorney or agent; or the                                                    | ne assignce or other party in                                                            |
| Authorized Signature                                                                                                                                                                                                                                                                                                         | t. Chy                                                                                                  | ( F) Frank D                                                                                                                                                                          | Banja                                                                                                                                                                                                                                                                                                                                                  | Date                                                                        | AUG 0                        | 3 2009                                                                       |                                                                                          |
| Typed or printed nam                                                                                                                                                                                                                                                                                                         |                                                                                                         | V. Burgujian                                                                                                                                                                          | ERNEST F. CHAPMA<br>Reg. No. 25,961                                                                                                                                                                                                                                                                                                                    |                                                                             |                              | 31,744                                                                       |                                                                                          |
| This collection of inform an application. Confiden submitting the complete                                                                                                                                                                                                                                                   | nation is required by 37 C<br>tiality is governed by 35<br>d application form to the                    | CFR 1.311. The informate U.S.C. 122 and 37 CFI USPTO. Time will varies                                                                                                                | tion is required to obtain                                                                                                                                                                                                                                                                                                                             | or retain a benefit by t<br>estimated to take 12 a<br>dividual case. Any co | he publ<br>minutes<br>mments | ic which is to file (and<br>to complete, including<br>s on the amount of tir | by the USPTO to process) g gathering, preparing, and ne you require to complete          |

this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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